
State:	Arkansas	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	UVA 5-13 and NLVA 5-13 - Variable Applications		
Project Name/Number:	UVA 5-13 and NLVA 5-13 - Variable Applications/UVA 5-13 and NLVA 5-13 - Variable Applications		

Filing at a Glance

Company:	Ameritas Life Insurance Corp.
Product Name:	UVA 5-13 and NLVA 5-13 - Variable Applications
State:	Arkansas
TOI:	A03I Individual Annuities - Deferred Variable
Sub-TOI:	A03I.002 Flexible Premium
Filing Type:	Form
Date Submitted:	01/23/2013
SERFF Tr Num:	AMFA-128814917
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	A-UVA-NLVA-MAY2013
Implementation	05/01/2013
Date Requested:	
Author(s):	Cindy Meyer, Pat Peterson, Teri Tran, Joanne Friend
Reviewer(s):	Linda Bird (primary)
Disposition Date:	01/30/2013
Disposition Status:	Approved-Closed
Implementation Date:	
State Filing Description:	

State: Arkansas **Filing Company:** Ameritas Life Insurance Corp.
TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium
Product Name: UVA 5-13 and NLVA 5-13 - Variable Applications
Project Name/Number: UVA 5-13 and NLVA 5-13 - Variable Applications/UVA 5-13 and NLVA 5-13 - Variable Applications

General Information

Project Name: UVA 5-13 and NLVA 5-13 - Variable Applications
Project Number: UVA 5-13 and NLVA 5-13 - Variable Applications
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Teri Tran

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 01/30/2013
State Status Changed: 01/30/2013
Created By: Teri Tran
Corresponding Filing Tracking Number:

Filing Description:
RE: Ameritas Life Insurance Corp.
NAIC No.: 0943-61301
FEIN No.: 47-0098400

Forms:
UVA 5-13 Application for Flexible Premium Deferred Variable Annuity
NLVA 5-13 Application for Flexible Premium Deferred Variable Annuity

Enclosed for your review and approval are the above-referenced application forms. These applications replace forms previously approved by your Department. These forms will become effective May 1, 2013 or upon approval, whichever is later.

UVA 5-13

This form replaces UVA 5-12, previously approved on 06/18/2012, under tracking number AMFA-128441880. This application is used with policy form 4888 AR, a flexible premium deferred variable annuity, also previously approved by your Department. Revisions have been made to the Advisory Agreement and Allocation sections of the application in correlation with changes to investment options becoming effective on May 1, 2013. The application has also been updated in conjunction with company re-branding efforts. This UVA form, including any future revisions to the form, will continue to be used under the electronic application/e-signature process as authorized by your Department on 09/04/2012.

NLVA 5-13

This form replaces NLVA 7-12, previously approved on 08/03/2012, under tracking number AMFA-128567349. This application is used with policy form 6150 AR, a flexible premium deferred no load variable annuity, also previously approved by your Department. Revisions have been made to the Advisory Agreement and Allocation sections of the application in correlation with changes to investment options becoming effective on May 1, 2013. The application has also been updated in conjunction with company re-branding efforts.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

Due to the possibility that different printers will have varying font and layout requirements, we reserve the right to adjust the page formats to conform to these requirements. Changes could include page breaks and renumbering of pages. No change in language will occur without prior approval by the Department.

State: Arkansas **Filing Company:** Ameritas Life Insurance Corp.
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If you should have any questions, please do not hesitate to contact me at 800-745-1112, ext. 87899, by fax at 402-467-7956, or e-mail ttran@ameritas.com.

Company and Contact

Filing Contact Information

Teri Tran, Contract Analyst ttran@ameritas.com
5900 O Street 800-745-1112 [Phone] 87899 [Ext]
P O Box 81889 402-467-7956 [FAX]
Lincoln, NE 68501-1889

Filing Company Information

Ameritas Life Insurance Corp. CoCode: 61301 State of Domicile: Nebraska
5900 O Street Group Code: 943 Company Type:
P O Box 81889 Group Name: State ID Number:
Lincoln, NE 68501-1889 FEIN Number: 47-0098400
(800) 756-1112 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50/form X 2 forms
Per Company: No

Company	Amount	Date Processed	Transaction #
Ameritas Life Insurance Corp.	\$100.00	01/23/2013	66798739

State:	Arkansas	Filing Company:	Ameritas Life Insurance Corp.
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	01/30/2013	01/30/2013

State:	Arkansas	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
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Disposition

Disposition Date: 01/30/2013

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of Variability		Yes
Form	Application for Flexible Premium Deferred Variable Annuity		Yes
Form	Application for Flexible Premium Deferred Variable Annuity		Yes

State: Arkansas

Filing Company:

Ameritas Life Insurance Corp.

TOI/Sub-TOI: A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium

Product Name: UVA 5-13 and NLVA 5-13 - Variable Applications

Project Name/Number: UVA 5-13 and NLVA 5-13 - Variable Applications/UVA 5-13 and NLVA 5-13 - Variable Applications

Form Schedule

Lead Form Number: UVA 5-13

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Application for Flexible Premium Deferred Variable Annuity	UVA 5-13	AEF	Revised	Previous Filing Number:	AMFA-128441880	0.000	UVA 5-13-Bracketed.pdf
						Replaced Form Number:	UVA 5-12		
2		Application for Flexible Premium Deferred Variable Annuity	NLVA 5-13	AEF	Revised	Previous Filing Number:	AMFA-128567349	0.000	NLVA 5-13-Bracketed.pdf
						Replaced Form Number:	NLVA 7-12		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

Ameritas Life Insurance Corp.

[P.O. Box 82550, Lincoln, NE 68501-2550 / 800-745-1112 / Fax 402-467-7335]
(Client Service Office)



Please print clearly in black ink. This form will be photocopied.

1. Owner You will receive all correspondence at this address. If the Owner is a Trust, give Trust Name, Trustee and Trust Date, and submit a copy of the Trust with the application. (SSN refers to Social Security Number. EIN refers to Employer Identification Number.)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Date of Trust _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Owner (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

2. Annuitant Complete only if different from Owner.

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Annuitant (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

3. Beneficiary If you chose Joint Owners, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

Primary

Name _____

Relationship to Owner _____

SSN / EIN _____

Date of Birth or Trust _____

Name _____

Relationship to Owner _____

SSN / EIN _____

Date of Birth or Trust _____

Contingent

Name _____

Relationship to Owner _____

SSN / EIN _____

Date of Birth or Trust _____

Name _____

Relationship to Owner _____

SSN / EIN _____

Date of Birth or Trust _____

4. Annuity Plan Type

Please select one

☐ Nonqualified

Qualified

☐ 457 Deferred Comp

☐ 401(a) Pension/Profit Sharing

☐ 401(k) Profit Sharing

☐ 408(b) IRA

☐ 408(k) SEP-IRA

☐ 408(p) SIMPLE IRA

☐ 408A Roth IRA

(Regular Contribution)

☐ _____

5. Riders

Step #1 Select your Withdrawal Charge Option:

☐ 9-Year

Default – no cost

☐ 7-Year

☐ 5-Year

☐ No Withdrawal Charge

Plans with GLWB may also choose this option

Step #2 Optional Riders:

A. Guaranteed Lifetime Withdrawal Benefit (GLWB)

Available at issue for ages 50-85. For Joint Spousal, both spouses must be at least age 50.

Participation in the GLWB Model program is required. See Allocation section.

☐ **Accumulation Phase**

☐ Single Life

☐ Joint Spousal* (Nonqualified)

☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)

Completion of GLWB Election Request
Form (AG 5226) is also required

☐ **Withdrawal Phase**

Completion of GLWB Election Request
Form (AG 5226) is also required

☐ Single Life

☐ Joint Spousal* (Nonqualified)

☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)

*Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary.

Select from B or C

B. When selecting 9-year, 7-year or 5-year Withdrawal Charge:

☐ **Minimum Premium**

Initial premium less than \$25,000

☐ **Free Partial Withdrawal - 10% Policy Value**

Required for GLWB if selected in A above

☐ **Guaranteed Minimum Death Benefit**
Not available if over age 70

☐ Annual Step-Up

☐ 5% Roll-Up

☐ Greater of Step-Up or 5% Roll-Up

☐ **Estate Protection**

☐ Estate Protection Benefit

☐ Expanded Estate Protection Benefit

C. When selecting No Withdrawal Charge:

☐ **Guaranteed Minimum Death Benefit - Annual Step-Up**
Not available if over age 70

6. Initial Premium

IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.

Do not make check payable to the agent/registered representative or leave the payee blank.

☐ Check enclosed with this application \$ _____

Tax Year for Payment _____

☐ 1035 Exchange \$ _____

☐ Direct Transfer \$ _____

☐ Direct Rollover \$ _____

☐ Participant Rollover \$ _____

☐ Roth Conversion \$ _____

☐ Total Payment \$ _____

7. Suitability Information

Complete in Owner's (Applicant's) presence.

Applicants are urged to supply information in order that the agent/registered representative may make an informed judgment as to the suitability for a particular purchaser of a variable annuity. If the Applicant chooses not to do so, the agent/registered representative must complete the following items to the best of his/her knowledge.

☐ Check this box if the information was not provided by the Applicant.

- a. Income for the past 12 months \$ _____
- b. Projected income for the next 12 months. \$ _____
- c. Tax Bracket _____%
- d. Approximate liquid net worth (excluding home) \$ _____
- e. Is the Proposed Owner(s) in good health on the application date? ☐ Yes ☐ No (If no, explain)
Annuitant(s)? ☐ Yes ☐ No (If no, explain)
- f. Owner's Occupation(s) _____
- g. Employer Name and Address _____

Investment Objectives

Check at least one. Multiple objectives can be ranked based on importance to you. Primary = 1, Secondary = 2, etc.

___ Long Term Gain ___ Short Term Gain ___ Income ___ Tax Advantaged ___ Safety of Principal

Risk Tolerance

Rank based on your level of risk. Tolerable = 1, least Tolerable = 4.

___ Low Risk ___ Moderate Risk ___ Speculative Risk ___ High Risk

All Registered Representatives must provide their Broker/Dealer with client information applicable to suitability. (See your Broker/Dealer for details.)

Supervisory Principal's Signature _____

8. Investment Advisory Agreement for Model Asset Allocation *Not applicable to GLWB Models*

In selecting to participate in the Model Asset Allocation program using the Asset Allocation tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas Life"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas Life to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether to participate in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocation Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas Life to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas Life may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part 2A, Appendix 1, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas Life may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas Life and AIC of my election to participate.

9. Allocation

GLWB Models *Required with GLWB Rider. Investment Advisory Agreement for Model Asset Allocation above does **NOT** apply.*

Choose one.

- [☐ **GLWB Model – Balanced**
☐ **GLWB Model – Moderate**
☐ **GLWB Model – Conservative**]

Investment Level Asset Allocation Models *Not available with GLWB Rider. Investment Advisory Agreement for Model Asset Allocation above **APPLIES**.*

Choose one of the following models **OR** select your own Individual Investment Options below. The models will be rebalanced quarterly.

- [☐ **Aggressive Model**
☐ **Capital Growth Model**
☐ **Balanced Model**
☐ **Moderate Model**
☐ **Conservative Model**]

Individual Investment Options *Not available with GLWB Rider*

Use whole percentages only. Must total 100%.

If Dollar Cost Averaging, a portion must be invested in the Money Market Fund or Fixed Account (see prospectus for restrictions) and the Dollar Cost Averaging section of the Optional Program form must be completed.

[The Alger Portfolios

____ % Alger Balanced Portfolio, Class I-2

American Century Investments

____ % American Century VP Income & Growth Fund, Class I

____ % American Century VP Mid Cap Value Fund, Class I

Calvert Variable Products, Inc.

____ % Calvert VP Barclays Capital Aggregate Bond Index Portfolio

____ % Calvert VP EAFE International Index Portfolio, Class I

____ % Calvert VP Inflation Protected Plus Portfolio

____ % Calvert VP Nasdaq 100 Index Portfolio

____ % Calvert VP Natural Resources Portfolio

____ % Calvert VP Russell 2000 Small Cap Index Portfolio, Class I

____ % Calvert VP S&P 500 Index Portfolio

____ % Calvert VP S&P MidCap 400 Index Portfolio, Class I

____ % Calvert VP SRI Large Cap Value Portfolio

Calvert Variable Series, Inc.

____ % Calvert VP Income Portfolio

____ % Calvert VP Money Market Portfolio

____ % Calvert VP Small Cap Growth Portfolio

____ % Calvert VP SRI Balanced Portfolio

____ % Calvert VP SRI Equity Portfolio

____ % Calvert VP SRI Strategic Portfolio

Dreyfus Investment Portfolios

____ % Dreyfus MidCap Stock Portfolio, Service Shares

DWS Variable Series II

____ % DWS Dreman Small Mid Cap Value VIP Portfolio, Class A

____ % DWS Global Thematic VIP Portfolio, Class A

Fidelity® Variable Insurance Products

____ % Fidelity® VIP Asset ManagerSM Portfolio, Service Class 2

____ % Fidelity® VIP Asset Manager: Growth® Portfolio, Service Class 2

____ % Fidelity® VIP Contrafund® Portfolio, Service Class 2

____ % Fidelity® VIP Equity-Income Portfolio, Service Class 2

____ % Fidelity® VIP Growth Portfolio, Service Class 2

____ % Fidelity® VIP High Income Portfolio, Service Class 2

____ % Fidelity® VIP Investment Grade Bond Portfolio, Service Class 2

____ % Fidelity® VIP Mid Cap Portfolio, Service Class 2

____ % Fidelity® VIP Overseas Portfolio, Service Class 2

Financial Investors

Variable Insurance Trust (ALPS)

____ % Ibbotson Balanced ETF Asset Allocation Portfolio, Class II

____ % Ibbotson Growth ETF Asset Allocation Portfolio, Class II

____ % Ibbotson Income and Growth ETF Asset Allocation Portfolio, Class II

Invesco Variable Insurance Funds

____ % Invesco Van Kampen V.I. Mid Cap Growth Fund, Series I

____ % Invesco V.I. Global Core Equity Fund, Series I

____ % Invesco V.I. Global Real Estate Fund, Series I

____ % Invesco V.I. International Growth Fund, Series I

MFS® Variable Insurance Trust

____ % MFS® New Discovery Series, Initial Class

____ % MFS® Research International Series, Initial Class

____ % MFS® Strategic Income Series, Initial Class

____ % MFS® Total Return Series, Initial Class

____ % MFS® Utilities Series, Initial Class

Neuberger Berman Advisers Management Trust

____ % Neuberger Berman AMT Mid Cap Intrinsic Value Portfolio, Class I

PIMCO Variable Insurance Trust

____ % PIMCO Total Return Portfolio, Administrative Class

T. Rowe Price Equity Series, Inc.

____ % T. Rowe Price Blue Chip Growth Portfolio-II

Third Avenue Variable Series Trust

____ % Third Avenue Value Portfolio

The Universal Institutional Funds, Inc.

____ % UIF Emerging Markets Equity Portfolio, Class I

____ % UIF Global Tactical Asset Allocation Portfolio, Class I

____ % UIF U.S. Real Estate Portfolio, Class I]

Ameritas Life Insurance Corp.

____ % Fixed Account

100% TOTAL

Whole percentages only; must total 100%

10. Additional Information

11. Telephone Authorization

Unless waived, the Owner and Representative will have automatic telephone transfer authorization.

☐ I elect **NOT** to have telephone authorization. ☐ I elect **NOT** to have my Registered Representative have transfer authorization

I hereby authorize and direct Ameritas Life to make allowable transfers of funds or reallocation of net premiums among available subaccounts based upon instructions received by telephone from: a) myself, as Owner; b) my Agent/Registered Representative in Section 15 below; and c) the person(s) named below. Ameritas Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas Life will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmations. If Ameritas Life does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas Life may be liable for any losses due to unauthorized or fraudulent instructions.

Name per (c) above: _____ SSN _____

Address: _____

(This is not to be used for Fee Advisor authorization.)

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue in force until the authorization is revoked by either Ameritas Life or me. The revocation is effective when received in writing or by telephone by the other party.

12. Replacement Information

a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
If yes, complete Replacement Notice if required by State Law.

b. Will this annuity replace any existing life insurance policies or annuity contracts? ☐ Yes ☐ No

13. For your protection, please read the following notice:

Other than in those states listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTE FOR DISTRICT OF COLUMBIA AND RHODE ISLAND RESIDENTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTE FOR GEORGIA, KANSAS, NEBRASKA AND TEXAS RESIDENTS: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR MAINE RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTE FOR NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTE FOR NEW MEXICO RESIDENTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTE FOR OKLAHOMA RESIDENTS: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

NOTE FOR PENNSYLVANIA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTE FOR VERMONT RESIDENTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

NOTE FOR VIRGINIA RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

14. Acknowledgment

- a. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- b. I (We) certify that the Social Security Number or Employer Identification Number shown above is correct.
- c. The Annuity Date is the later of five policy years or age 85 unless otherwise requested.
- d. I (We) have been given a current Prospectus for this variable annuity which explains insurance-related charges.
- e. I (We) acknowledge that I (we) have received the asset allocation brochure, if applicable.
- f. If you are purchasing this policy for use in a tax-qualified plan, please acknowledge the following: I have been informed and understand that a tax-deferred accrual feature is provided through my tax-qualified plan and this annuity does not provide any additional tax-deferral benefit. In addition, I am also acknowledging that I am purchasing this annuity policy for use in a tax-qualified plan because of its features and/or benefits other than tax-deferral (such as the lifetime income option, available death benefit and/or maximum guarantee fees).
- ☐ Check here if you wish to receive a copy of the Statement of Additional Information.
- g. **I (We) understand that policy values may increase or decrease according to the investment experience of the Separate Account and that the dollar amounts are not guaranteed. I (We) believe this policy is appropriate to meet my investment objectives and anticipated financial needs.**

Dated at _____ (City) _____ (State) On this Date _____

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

X _____
Signature of Joint Annuitant If other than Joint Owner (if applicable)

Title of Officer or Trustee

Title of Officer or Trustee

a. Does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
If yes, submit with this application a completed Replacement Notice, signed by both you and the Owner (Applicant), if required by State Law.

b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies
or annuity contracts may be involved? ☐ Yes ☐ No

c. Did you see the Owner (Applicant) at the time of application completion? ☐ Yes ☐ No

Form of ID used for Owner	ID #	Expiration Date
Form of ID used for Joint Owner (if applicable)	ID #	Expiration Date

Print Name Here	Agent/RR Code / Percentage	Agency or Broker/Dealer
-----------------	----------------------------	-------------------------

application | Variable Annuity

Ameritas Life Insurance Corp.

[P.O. Box 81889, Lincoln, NE 68501-1889 / 800-255-9678 / Fax 402-467-7335]
(Client Service Office)

Please print clearly in black ink. This form will be photocopied.

1. Owner You will receive all correspondence at this address. If the Owner is a Trust, give Trust Name, Trustee and Trust Date, and submit a copy of the Trust with the application. (SSN refers to Social Security Number. EIN refers to Employer Identification Number.)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Date of Trust _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Owner (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN / EIN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

2. Annuitant Complete only if different from Owner.

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

Joint Annuitant (Optional)

Full Name _____ U.S. Citizen: ☐ Yes ☐ No Sex: ☐ Male ☐ Female
SSN _____ Date of Birth _____
Address _____ Relationship to Owner _____
City/State/ZIP _____ Daytime Phone _____
E-mail Address _____

3. Beneficiary If you chose Joint Owners, both owners must be named primary beneficiaries. If left blank, the beneficiary will be the estate of the Owner. Unless otherwise indicated, multiple beneficiaries of the same class shall be paid equally to the survivor or survivors. Please provide full names.

Primary

Name _____ Relationship to Owner _____
SSN / EIN _____ Date of Birth or Trust _____

Name _____ Relationship to Owner _____
SSN / EIN _____ Date of Birth or Trust _____

Contingent

Name _____ Relationship to Owner _____
SSN / EIN _____ Date of Birth or Trust _____

ANNUITY PAYMENTS AND TERMINATION VALUES PROVIDED BY THIS CONTRACT ARE VARIABLE AND ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT.

4. Annuity Plan Type*Please select one*☐ Nonqualified**Qualified**☐ 408(b) IRA☐ 408(p) SIMPLE IRA☐ 401(a) Pension/Profit Sharing☐ 408(k) SEP-IRA☐ 408(a) Roth IRA☐ 401(k) Profit Sharing**5. Initial Premium** Please indicate the source(s) of the total payment.**IMPORTANT! All premium checks must be made payable to Ameritas Life Insurance Corp.****Do not make check payable to the agent/registered representative or leave the payee blank.**☐ Check enclosed with this application \$ _____☐ Direct Transfer \$ _____

Tax Year for Payment _____

☐ Direct Rollover \$ _____☐ 1035 Exchange \$ _____☐ Participant Rollover \$ _____☐ Total Payment \$ _____**6. Optional Rider****Guaranteed Lifetime Withdrawal Benefit (GLWB)***Available at issue for ages 50-85. For Joint Spousal, both spouses must be at least age 50.**Participation in the GLWB Model program is required. See Allocation section.*☐ **Accumulation Phase**☐ Single Life☐ Joint Spousal* (Nonqualified)☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)*Completion of GLWB Election Request
Form (AG 5226) is also required*☐ **Withdrawal Phase***Completion of GLWB Election Request
Form (AG 5226) is also required*☐ Single Life☐ Joint Spousal* (Nonqualified)☐ Joint Spousal (IRA, SEP-IRA,
SIMPLE IRA, and Roth IRA)**Spouse must be named Joint Annuitant/Owner and both spouses must be named primary beneficiary.***7. Investment Advisory Agreement for Model Asset Allocation** *Not applicable to GLWB Models*

In selecting to participate in the Model Asset Allocation program using the Asset Allocation tool, I understand:

- I am giving Ameritas Investment Corp. ("AIC"), an affiliate of Ameritas Life Insurance Corp. ("Ameritas Life"), discretionary authority to serve as my investment adviser for the program solely for purposes of developing asset allocation models and periodic updates to the models, and to instruct Ameritas Life to allocate my premiums and policy values pursuant to the model I select and any changes to the model by AIC. I am not retaining AIC as my investment adviser for any other financial planning purposes, unless agreed to expressly in writing. There is no additional charge for selecting the Model Asset Allocation program.
- I must decide whether to participate in the program and which model is best for me. AIC will not make this decision for me. The Asset Allocation Questionnaire is only a tool to assist me. I may consult my own financial professional to help me.
- If I ever direct Ameritas Life to allocate my premiums or policy value to portfolios not included in the models, I will no longer receive updates to the models and this limited advisory agreement will terminate.
- AIC and Ameritas Life may be subject to competing interests that have the potential to influence AIC's decision making with regard to the models, including revenue sharing from portfolios, and additional advisory fees and principal underwriting fees. These potential conflicts are disclosed in the Policy prospectus and AIC's Form ADV Part 2A, Appendix 1, which I acknowledge having received, and the Policy Statement of Additional Information, which I have the opportunity to obtain.
- AIC or Ameritas Life may terminate or change its available asset allocation program(s) at any time.
- This Agreement is effective upon receipt and approval by Ameritas Life and AIC of my election to participate.

8. Allocation**GLWB Models** *Required with GLWB Rider. Investment Advisory Agreement for Model Asset Allocation above does **NOT** apply.**Choose one.*

- [☐ GLWB Model – Balanced
☐ GLWB Model – Moderate
☐ GLWB Model – Conservative]

Investment Level Asset Allocation Models *Not available with GLWB Rider. Investment Advisory Agreement for Model Asset Allocation above **APPLIES**.**Choose one of the following models **OR** select your own Individual Investment Options on the following page. The models will be rebalanced quarterly.*

- [☐ Aggressive Model
☐ Capital Growth Model
☐ Balanced Model
☐ Moderate Model
☐ Conservative Model]

Allocation (continued)**Individual Investment Options** *Not available with GLWB Rider*

Use whole percentages only. Must total 100%.

[Vanguard® VIF

_____ % Money Market
 _____ % Balanced
 _____ % Diversified Value
 _____ % Equity Income
 _____ % Equity Index
 _____ % Growth
 _____ % High Yield Bond
 _____ % International
 _____ % Mid-Cap Index
 _____ % REIT Index
 _____ % Small Company Growth
 _____ % Total Bond Market Index
 _____ % Total Stock Market Index

American Century VP Class I

_____ % International
 _____ % Mid Cap Value

Calvert Variable Products

_____ % VP EAFE International Index Class I
 _____ % VP Natural Resources

Calvert Variable Series

_____ % VP SRI Balanced
 _____ % VP SRI Equity
 _____ % VP SRI Strategic

Dimensional Fund Advisors

_____ % VA Global Bond
 _____ % VA International Small
 _____ % VA International Value
 _____ % VA Short-Term Fixed
 _____ % VA U.S. Large Value
 _____ % VA U.S. Targeted Value

DWS VS I Class A

_____ % Capital Growth VIP

DWS VS II Class A

_____ % Dreman Small Mid Cap Value VIP
 _____ % Global Thematic VIP

Fidelity® VIP Initial Class

_____ % Contrafund®
 _____ % Equity-Income
 _____ % Growth
 _____ % High Income

Fidelity® VIP Initial Class (continued)

_____ % Investment Grade Bond
 _____ % Mid Cap
 _____ % Overseas
 _____ % Strategic Income

FTVPT Templeton Class 2

_____ % Templeton Global Bond Securities

Invesco V.I. Series I

_____ % American Franchise
 _____ % International Growth

MFS® VIT Initial Class

_____ % Research International
 _____ % Utilities

Neuberger Berman AMT Class I

_____ % Large Cap Value
 _____ % Mid Cap Intrinsic Value

PIMCO VIT Administrative Class

_____ % CommodityRealReturn® Strategy
 _____ % Total Return

Rydex

_____ % Guggenheim U.S. Long Short Momentum
 _____ % Government Long Bond 1.2x Strategy
 _____ % Inverse Government Long Bond Strategy
 _____ % Inverse NASDAQ-100® Strategy
 _____ % Inverse S&P 500 Strategy
 _____ % NASDAQ-100®
 _____ % Nova
 _____ % Precious Metals
 _____ % Russell 2000 1.5x Strategy

T. Rowe Price

_____ % Blue Chip Growth

Third Avenue

_____ % Value

UIF Class I

_____ % Emerging Markets Equity]

Ameritas Life

_____ % Fixed Account (maximum 25%)

100 % TOTAL (Whole percentages only; must total 100%)

9. Replacement Information

- a. Do you have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
 If yes, complete Replacement Notice if required by State Law.
- b. Will this annuity replace any existing life insurance policies or annuity contracts?. ☐ Yes ☐ No

10. Telephone Authorization Unless waived, the owner will have automatic telephone transfer authorization.

I hereby authorize and direct Ameritas Life to make allowable transfers of funds or reallocation of net premiums among available subaccounts or to complete other financial transactions as may be allowed by Ameritas Life at the time of request, based upon instructions received from the Owner by phone. Ameritas Life will not be liable for following instructions communicated by telephone that it reasonably believes to be genuine. Ameritas Life will employ reasonable procedures, including requiring the policy number to be stated, tape recording all instructions, and mailing written confirmations. If Ameritas Life does not employ reasonable procedures to confirm that instructions communicated by telephone are genuine, Ameritas Life may be liable for any losses due to unauthorized or fraudulent instructions.

I understand: a) all telephone transactions will be recorded; and b) this authorization will continue to be in force until the earlier of (1) written revocation by the Owner is received by Ameritas Life or (2) Ameritas Life discontinues this privilege.

☐ I elect NOT to have telephone transfer authorization.

11. Automatic Bank Draft *Please attach a voided check.* If voided check is NOT attached and a personal check accompanies this application, the account referenced on the check will be used to establish this plan. Minimum draft amount is \$50.

Please draw \$_____ from the bank account as shown below on the _____ (day) of each month and invest as shown in Section 8 of this application.

Name of Depositor/Account Name _____ Account No. _____

Name of Bank, Branch and Bank Address _____

This authorization can be terminated upon 30 days written notice to the other party by the depositor or Ameritas Life. Ameritas Life may terminate this authorization if any debit entry is not honored.

X _____
 Authorized signature for above account

12. Suitability Information With joint owners, include information for both Owners.**Industry and Other Affiliations**

Are you, your spouse, domestic partner, or any other immediate family members, including parents, in-laws, siblings and dependents:

Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

- ☐ Broker-Dealer or Municipal Securities Dealer ☐ Investment Adviser
☐ Financial Industry Regulatory Authority (FINRA) ☐ State or Federal Securities Regulator
or other Self Regulatory Organization*

(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): _____

An officer, director or 10% (or more) shareholder in a publicly-owned company?

Name of company and symbol: _____

A senior military, governmental or political official in a non-US country?

Name of country: _____

Owner		Joint Owner	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------	------------------------------	-----------------------------

Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please estimate your...

	Annual Income ¹ (from all sources)		Net Worth ² (excluding residence)		Liquid Net Worth ³	
	Owner	Joint Owner	Owner	Joint Owner	Owner	Joint Owner
Less than \$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 25,000 49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 74,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 75,000 99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 100,000 ... 149,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 150,000 ... 199,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 200,000 ... 299,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 300,000 ... 399,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 400,000 ... 499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 500,000 ... 749,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 750,000 ... 999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,000,000 ... 1,499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$1,500,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tax Rate (highest marginal)		
	Owner	Joint Owner
0-15%	<input type="checkbox"/>	<input type="checkbox"/>
16-25%	<input type="checkbox"/>	<input type="checkbox"/>
26-30%	<input type="checkbox"/>	<input type="checkbox"/>
31-35%	<input type="checkbox"/>	<input type="checkbox"/>
Over 35%	<input type="checkbox"/>	<input type="checkbox"/>

	Annual Expenses ⁴ (recurring)		Special Expenses ⁵ (future, non-recurring)	
	Owner	Joint Owner	Owner	Joint Owner
Zero/none	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>
Less than \$50,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 50,000 99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 100,000 ... 249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 250,000 ... 499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$ 500,000 and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Timeframe for Special Expenses		
	Owner	Joint Owner
Within 2 years	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years	<input type="checkbox"/>	<input type="checkbox"/>

¹ **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

² **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³ **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

⁵ **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Suitability Information (continued)

Please
estimate your...

Liquidity Needs

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one):

Owner **Joint
Owner**

Very important	<input type="checkbox"/>	<input type="checkbox"/>
Important	<input type="checkbox"/>	<input type="checkbox"/>
Somewhat important	<input type="checkbox"/>	<input type="checkbox"/>
Not important	<input type="checkbox"/>	<input type="checkbox"/>

Product Knowledge and Experience

Please check the boxes that best describe your investment experience to date.

	Investments in Years				Transactions per year (excluding systematic investments)		
	0	1-5	6-10	10+	0-5	6-15	Over 15
1. Individual Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Individual Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Mutual funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Unit investment trusts (UITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Securities futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Structured products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Real estate investment trusts (REITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Limited Partnerships*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other alternative investments**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Number of policies		
12. Fixed annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Variable annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Variable universal life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* May include direct participation programs and private placements

** May include hedge funds, managed futures, and business development company, etc.

Existing Assets

Provide total value of existing assets and percentages for each type of asset. Total value of existing assets: \$ _____

Total of all percentages must equal 100%.

_____% 1. Individual Stocks	_____% 7. Structured products	_____% 13. Certificates of deposit
_____% 2. Individual Bonds	_____% 8. Real estate investment trusts (REITs)	_____% 14. Fixed annuities
_____% 3. Mutual funds	_____% 9. Limited Partnerships	_____% 15. Variable annuities
_____% 4. Unit investment trusts (UITs)	_____% 10. Other alternative investments	_____% 16. Variable universal life
_____% 5. Options	_____% 11. Insurance	_____% 17. Other: _____
_____% 6. Securities futures	_____% 12. Cash	Explain _____

Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment.

Please select the degree of risk you (and any Joint Owner, if applicable) are willing to take with the assets in this account.

- ☐ **Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- ☐ **Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- ☐ **Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- ☐ **Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- ☐ **Aggressive.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

Suitability Information (continued)

Investment Objectives, Purpose and Time Horizon

Please review the following statements about investment objectives, purpose and time horizon to help us determine which investment products and strategies are suitable for you.

If choosing more than one investment objective, please rank with "1" being the first objective

- ☐ **Safety of Principal.** You seek to maintain the principal value of your investments.
- ☐ **Tax Advantaged.** You seek to minimize and/or defer taxes on investment gains and income. Investors with a tax-advantaged objective may have secondary objectives such as growth or income which are pursued within a tax-advantaged account.
- ☐ **Income.** You seek to generate income from investments. Principal growth is not a primary goal to investors with an income objective.
- ☐ **Growth and Income.** You seek principal growth and generate income through your investments.
- ☐ **Growth.** You seek to grow the principal value of your investments over time.
- ☐ **Aggressive Growth.** You seek a significant increase in the principal value of your investments.

The investments in this account will be (check one) (excluding residence):

- ☐ Less than 1/3 of my financial portfolio
- ☐ Roughly 1/3 to 2/3 of my financial portfolio
- ☐ More than 2/3 of my financial portfolio

I plan to use this account for the following (check all that apply):

- ☐ Save for education
- ☐ Save for retirement
- ☐ Save for short-term goals
- ☐ Generate income
- ☐ Accumulate wealth
- ☐ Preserve wealth
- ☐ Market speculation
- ☐ Other: _____

The expected period of time I plan to invest to achieve my financial goal(s) (check one):

- ☐ Under 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ Over 20 years

13. For your protection, please read the following notice:

Other than in those states listed below, we are required to warn you of the following: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR COLORADO RESIDENTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTE FOR DISTRICT OF COLUMBIA, MARYLAND AND RHODE ISLAND RESIDENTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTE FOR GEORGIA, KANSAS, NEBRASKA AND TEXAS RESIDENTS: Any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, may be guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

NOTE FOR MAINE AND WASHINGTON RESIDENTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTE FOR NEW JERSEY RESIDENTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTE FOR NEW MEXICO RESIDENTS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE, IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NOTE FOR OKLAHOMA RESIDENTS: Subject to the incontestability provisions of the policy, any person who knowingly and with intent to defraud provides false, incomplete, or misleading information in an application for insurance, or who knowingly presents a false or fraudulent claim for payment of a loss or benefit, is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment.

NOTE FOR PENNSYLVANIA RESIDENTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTE FOR VERMONT RESIDENTS: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.

NOTE FOR VIRGINIA RESIDENTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

14. Substitute W-9 Certification

I certify under penalty of perjury that: 1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2) I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding.

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

15. Acknowledgment

- a. I (We) hereby represent to the best of my (our) knowledge and belief that each of the statements and answers contained above are full, complete, and true.
- b. The Annuity Date is the later of five policy years or age 85 unless otherwise requested.
- c. I (We) have been given a current Prospectus for this variable annuity which explains insurance-related charges.
- d. I (We) acknowledge that I (we) have received a current copy of an AIC disclosure booklet as applicable, which contains the Pre-Dispute Arbitration Agreement, Privacy Notice and various other disclosure documents.
- e. I (We) acknowledge that I (we) have received the asset allocation brochure, if applicable.
- f. If you are purchasing this policy for use in a tax-qualified plan, please acknowledge the following: I have been informed and understand that a tax-deferred accrual feature is provided through my tax-qualified plan and this annuity does not provide any additional tax-deferral benefit. In addition, I am also acknowledging that I am purchasing this annuity policy for use in a tax-qualified plan because of its features and/or benefits other than tax-deferral (such as the lifetime income option, available death benefit and/or maximum guarantee fees).
☐ Check here if you wish to receive a copy of the Statement of Additional Information.
- g. **I (We) understand that policy values may increase or decrease according to the investment experience of the Separate Account and that the dollar amounts are not guaranteed. I (We) believe this policy is appropriate to meet my investment objectives and anticipated financial needs.**

Dated at _____ City _____ State _____ On this Date _____

X _____
Signature of Owner

X _____
Signature of Joint Owner (if applicable)

X _____
Signature of Annuitant if other than Owner

X _____
Signature of Joint Annuitant if other than Joint Owner (if applicable)

Title of Officer or Trustee

Title of Officer or Trustee

16. Agent/Registered Representative Statement Complete only if you are a registered representative of a broker/dealer.**Policy Delivery.** Send to: ☐ Owner ☐ Agent/Registered Representative *If not completed, policy will be mailed to Owner.*

a. Does the Owner (Applicant) have any existing life insurance policies or annuity contracts? ☐ Yes ☐ No
 If yes, submit with this application a completed Replacement Notice, signed by both you and the Owner (Applicant),
 if required by State Law.

b. Do you have any knowledge or reason to believe that replacement of existing life insurance policies
 or annuity contracts may be involved? ☐ Yes ☐ No

c. Did you see the Owner (Applicant) at the time of application completion? ☐ Yes ☐ No

If yes, you must positively identify the Owner with an unexpired government-issued picture form of identification (ID). Examples of acceptable forms are: Driver's License, Passport, Military ID, Green Card. You must provide the following information:

Form of ID used for **Owner** ID # Expiration Date

Form of ID used for **Joint Owner** (if applicable) ID # Expiration Date

If no, you must submit a copy of an unexpired government-issued picture form of ID with this application.

What was or will be the source of funds used to apply for the policy?

☐ Checking Account ☐ Savings Account ☐ Proceeds from Investments ☐ Inheritance ☐ Other _____

I certify that the information provided by the Owner has been accurately recorded.

X

Signature of Agent/Registered Representative Date

Name of Agent/Registered Representative (please print) Agent/RR Code

Agency or Broker/Dealer (please print)

X

Supervisory Principal Signature Date

Clearing Firm / Brokerage Account #

State:	Arkansas	Filing Company:	Ameritas Life Insurance Corp.
TOI/Sub-TOI:	A03I Individual Annuities - Deferred Variable/A03I.002 Flexible Premium		
Product Name:	UVA 5-13 and NLVA 5-13 - Variable Applications		
Project Name/Number:	UVA 5-13 and NLVA 5-13 - Variable Applications/UVA 5-13 and NLVA 5-13 - Variable Applications		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Readability Certification-012313.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
UVA-NLVA-MAY2013-SOV.pdf			

STATE OF ARKANSAS

CERTIFICATION OF READABILITY

INSURER: Ameritas Life Insurance Corp.

Ameritas Life Insurance Corp. hereby certifies that this filing achieves a Flesch Reading Ease Test Score as stated below:

Form Number	Form Title	Flesch Score
UVA 5-13	Application for Flexible Premium Deferred Variable Annuity	Exempt
NLVA 5-13	Application for Flexible Premium Deferred Variable Annuity	Exempt



SIGNATURE:
NAME & TITLE:

Robert G. Lange
Vice President, General Counsel & Assistant Secretary

DATE:

January 23, 2013

AMERITAS LIFE INSURANCE CORP.

STATEMENT OF VARIABILITY

UVA 5-13 Application for Flexible Premium Deferred Variable Annuity

NLVA 5-13 Application for Flexible Premium Deferred Variable Annuity

The following information has been bracketed to allow for future changes.

UVA 5-13

1. General Company Information (page 1)
 - a) Client Service Office Address, Phone Number, and Fax Number
2. Section 9 (page 4): Allocation – allows for periodic funds changes.
 - a) GLWB Models
 - b) Investment Level Asset Allocation Models
 - c) Individual Investment Options

NLVA 5-13

1. General Company Information (page 1)
 - a) Client Service Office Address, Phone Number, and Fax Number
2. Section 8 (pages 2-3): Allocation – allows for periodic funds changes.
 - a) GLWB Models
 - b) Investment Level Asset Allocation Models
 - c) Individual Investment Options